



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Probationary Period Extension Request

NOTE: This report must be completed and issued to the affected employee and the Civil Service Commission AT LEAST (TEN) CALENDAR DAYS PRIOR TO the completion of the original probationary

Appointing Authority Information

Department: _____ Division: _____
Personnel Contact: _____ Phone Number: _____

Employee Information

Employee Name: _____
Soc.Sec.No.: _____
Class Code: _____ Classification: _____
Original Appointment Date: _____
Original Probationary Period Expiration Date: _____
Reason for the extension: _____

This employee has not performed the regular duties of his/her position for the period beginning _____ and ending _____ (must be at least 30 calendar days). Based upon these dates and in accordance with Commission Rule XI(D), we are requesting a probationary extension of ____ days, resulting in a new probationary expiration date of close of business _____.

Signature

Appointing Authority Signature	Date

A copy of this report was served on the employee ____/____/____ by _____